Department of Health Se	ervices
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Exhibit	
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## INVENTORY/DISPOSITION OF DHS-FUNDED EQUIPMENT

Current contract number:		Date current contract expires:						
Previous contract number (if applicable):		DHS program name:						
Contractor's name:		DHS program contract manager:						
			DHS program address:					
Contractor's comp	olete addres	ss:	. •					
			DHS program contract manager's telephone number:					
Contractor's contact person:			Date of this report:					
		(THIS IS NOT A BI	UDGET FOR	RM)				
STATE/DHS PROPERTY TAG NUMBER (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION     Include manufacturer's name, model number, type, size, and/or capacity.     If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.)     If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	DHS ASSET MGMT. USE ONLY DHS Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If motor vehicle, list VIN number.)	OPTIONAL— PROGRAM USE ONLY	
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## INSTRUCTIONS FOR HAS 1204 (Please read carefully.)

The information on this form will be used by the California Department of Health Services (DHS) Asset Management (AM) to; (a) conduct an inventory of DHS equipment and property (see definitions A, B, and C) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with DHS funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

The DHS Program Contract Manager is responsible for obtaining information from the Contractor for this form. The DHS Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all DHS tagged equipment and miscellaneous property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted HAS 1203s**, "Contractor Equipment Purchased with DHS Funds." AM will contact the DHS Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

**Disposal:** (Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).) The HAS 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the DHS Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

- 1. List the state/DHS property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;
  - A. Major Equipment: (These items were issued green numbered state/DHS property tags.)
    - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)
  - B. Minor Equipment: (These items were issued green numbered state/DHS property tags.)
    - Tangible item having a base unit cost less than \$5,000 with a life expectancy of one (1) year or more and listed on DHS AM's "Minor Equipment List". (A "Minor Equipment List" can be printed from HAM, Section 2-1030.)
  - C. Miscellaneous Property: (These items were issued green unnumbered "BLANK" state/DHS property tags.)
    - Specific tangible items with a life expectancy of one (1) year or more that are purchased with DHS funds (furniture, cabinets, typewriters, desktop calculators, pocket dictators, nondigital cameras.)
- 2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to DHS Vehicle Services. (See HAM, Section 2-10050.)
- 3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")
- 4. The DHS Program Contract Manager should retain one copy and send the original to: Department of Health Services, Asset Management, P.O. Box 997413, 1501 Capitol Avenue, Suite 71.2101, MS 1404, Sacramento, CA 95899-7413.
- 5. Use the version on the DHS Intranet forms site. The HAS 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.